

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

08/1676355

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	29	minus 20 = *
INDEPENDENT CLAIMS	1	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	440
	375.00
x\$11=	99
x39=	
+125=	
TOTAL	539

RATE	750.00
x\$22=	
x78=	
+250=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL	

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent #		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing	971	11	1957K6 \$ 505
<input checked="" type="checkbox"/> Amendment	967	1	1954K6 \$ 99
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other	804	10000	\$ 604
		7 TOTAL AMOUNT OF REFUND	\$ 604
8 TO BE REFUNDED BY:			
<input checked="" type="checkbox"/> Overpayment	Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:		
No Fee Due (Explanation):	9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<p><i>SMALL ENTITY</i> <i>EP SEARCH</i></p>			
11 REFUND REQUESTED BY:		1. <i>V. Wallace</i>	
TYPED/PRINTED NAME:		TITLE: <i>File</i>	
SIGNATURE: <i>V. Wallace</i>		PHONE: <i>30505736</i>	
OFFICE: *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <i>Stephanie Dillingham</i>		DATE: <i>9-5-96</i>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B